

Master in Biomedical Sciences Rotation Agreement form

Rotation start date:	Rotation end date:
Student Name:	Student Email:
Mentor Name:	Mentor Email
Student class schedule:	
Mondays	
Tuesdays	
Wednesdays	
Thursdays	
Fridays	
Brief description of rotation project	
Mentor expectations (hours in lab, lab notes, lab meeting attendance)	
Student signature	
Mentor signature	
Grad Coord signature	

Turn in copy to Laura Kasman, BSB 208F, kasmanl@musc.edu. (Copies will be sent to your Graduate Program Coordinator , mentor, and you)